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W. E. H.

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Dissertation
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by
Richard T. Sankey
of
Georgia.



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Debility is a term in very common use by pathological writers, but for the most part, I am disposed to believe, is employed without any well defined signification. If debility have any meaning, it must imply that degree of vital action which is below the normal or natural point of health. It is indicated by, and must be accompanied with a direct diminution of all the actions of life. Its nature may perhaps be more clearly illustrated by contrasting it with that degree of vitality which transcends the healthy point, known by an aggravation of all the vital phenomena, which state is called excitement or irritation. The object of this dissertation is to prove that debility, often a disease itself, is not the predisposing cause to disease, as is inculcated by most authorities in medicine.

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In this essay, I shall first expose the source of error in the employment of the term debility, and the sophistry which led to its false application. I shall then offer some arguments, in support of the position I have taken, drawn from the phenomena manifested in the system in health, disease, and under medication; a concurrence of all of which, is essential to the secure establishment of any physiological or pathological principle. The term debility originated in the infancy of science, and is to be found in the writings of those comparatively unacquainted with anatomy and physiology. Considering the human machine as a unit, rather than a compound of many organs, every part was supposed to be similarly affected, or in the same condition, in every attack of disease. Thus was the term debility, which is indeed a partial symptom in most acute

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disease, applied to express the state of the whole system. And, finding, that individuals labouring under an apparently general debility, were more liable to disease, than those in complete health, it was naturally inferred, that debility was a predisposing cause to disease.

Modern pathologists, notwithstanding their more perfect acquaintance with the compound nature of the human system, and circumscribed nature of disease, have very unphilosophically employed the same term as significant, not so much of the general state of the system, as of the particular organ diseased. The principle phenomena observed, the arguments used, and the inferences drawn in support of the theory of debility appear to be these.

1st Excites producing general excitement, are followed by general depression, or rather debility.

2^d During this depressed or debilitated state, the system, if exposed to an exciting cause, is more liable to be attacked than when it is in full health and strength.

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3^d The organs through which the morbid-instants enter the system, or upon which they manifest their greatest action, usually display the first symptoms of disease.

From these premises it is argued, 1st that if stimulation of the general system is followed by general debility, how much more certainly and extensively will the partial stimulation which produced the general excitement, be followed by debility of the part to which it was applied?

2^d If general health, or strength of vital action will resist disease more effectually than general debility, how much more surely and successfully will vigour, rather than debility of vital action in an organ, enable it to resist an exciting cause when applied to it? Hence it is concluded, that debility is the universal consequence of, and is proportionate to excitement, and is in all cases the predisposing cause to disease. And on this principle the third phenomenon is explained, which is that the organ feeling most powerfully the operation

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of the stimulant, is thereby most debilitated and liable
 to attack. The phenomena on which is based the above
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 the argument founded upon them is sophistical, and
 consequently the conclusion is false. It is not correct that
 depression or debility does uniformly succeed excess of stim-
 ulation, for it often happens that the irritation excited
 becomes permanent, and the morbid phenomena are de-
 veloped without any preceding depression. The debility
 that follows excess of stimulation, is only partial, and
 is manifested in one of the systems, while excess of action
 is continuing in some others, as is shown by post-mortem
 examinations. And we have in direct contradiction of this
 fact, the experience of every practitioner upon external
 inflammations, which shows, that from the time the irri-
 tant is applied till the cure is completed, there is no period
 at which the vital energy of the part sinks below that of
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both internally and externally, it is concluded for the above reasons, that excessive stimulation of an organ is not necessarily followed by debility in its actions, though there may be of its functions. The second argument, which though I have never seen it expressed in words, but believe to have unconsciously influenced the minds of all the advocates of the doctrine of debility, is evidently unfounded. It supposes that strength of the system is the same thing as vigour in the actions of an organ, forgetting that partial excessive action constitutes of itself, disease. Advocating the doctrine of Brown and Rush &c. that life is a forced state, maintained by the operation of stimuli on an inviolable solid, I draw from the second phenomenon, quite a contrary conclusion, (viz) it is not debility, but excess of vital action, which disposes the system to disease, and an organ to an aggravation of its vitality from the operation of an exciting cause; for it is in organs where actions are in excess, or in which irritation exists, that we always find the greatest effect

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from an additional stimulus. On the other hand, it is always, where there exist the fewest stimuli, the least irritation, as in debility, that we find the least effect from such cause. And the third phenomenon is to be accounted for upon the principle, that the noxious agent predisposes by its stimulant action & the irritation it establishes, rather than by a debilitating effect.

A very common doctrine held by physiologists, and which is sometimes adduced in support of what I regard as unsound philosophy, is that of a "*vis medicatrix naturae*," of some, a "*vis vitæ*" of others, supposed to preside over the welfare of the system and to resist disease. This doctrine of very easy importation, from the facility with which it explains so many different problems, and which is generally received, is held forth by physiological writers, but with this defect however, the reader is left to imagine the mode in which this conservative principle operates. Her mind too often involuntarily personifies the disease, and

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suppose the system to resist it, as a man would a robber who was attempting to enter his house. It need not be stated, that these are the mere fictions of a mind never called to examine attentively this interesting subject. Disease would appear to be nothing but an undue increase or decrease of vital energy, in one or more tissues, governed most probably by the same laws that prevail in health. The system resists disease from an exciting cause most generally, by extending the stimulation throughout the body, thus preserving the balances of action between the organs; and should the balance have been previously destroyed, or the noxious agent very powerful, or suddenly applied, disease arises by an aggravation of action in some one or two organs. There can be no other method, by which the system can relieve itself from disease, or repair its injuries, except by submitting to the operation of the stimulus, as long as it may remain, and take on an appropriate action, according to the laws by which life is maintained. In illustration of the constitution of the human system, and the principles

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of its government, a comparison may be instituted between them and those of the mind. The mind of man, made up of many principles and passions, has been endowed with no one which is intrinsically faulty, or disturbing of his peace, and can only become so, when some one of his passions or faculties predominates over all others. In the same manner, his corporeal system, made up of many organs, is incapable of a vital action in any one of them, specifically different from healthy action, and disease can only be produced by actions of the same nature as those of health, becoming excessive or deficient in one or more of them. Excessive indulgence predisposes, in the first case, to mental disease; excessive partial stimulation predisposes to bodily disease, in the second. Again, just as the strongest passions are not incompatible with integrity of mind, provided the faculties be well balanced, so the greatest degree of vital energy is not inconsistent with health, provided it be equally diffused throughout the organs, in both cases, each acting as a check upon the

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injurious tendency of the others. In this view we are presented with a striking display of the wise adaptation of means to desired ends, which, when we can understand them, we find to prevail throughout the works of Nature. We observe, on a grand scale, punishment following crime with quick succession, and a terrible certainty, as a consequence of a law, not confined to a particular nation or species of animal or vegetable production, but extending as wide as the whole range of living creation.

The action of composition and decomposition, from which all the phenomena of health and disease flow, exists in many degrees of energy, but of which three only have received names, (viz.) the whole of that range below the standard of health, has been named, as we have before stated, debility, that above, irritation, and the intermediate point between the two, health. The phenomena by which the existence of vital action is known, and by which we also determine its intensity, being

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king more or less manifest in the several states, are
 the following. 1st Secretion, which manifests itself
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 we may infer from analogy, occurs in the interior
 of all those tissues having no free surfaces. 2^d Heat,
 which according to Bichat and I believe most of the
 recent physiologists, is generated principally in the
 capillaries during the process of vital action. 3^d Ex-
 tension, which can only be determined to depend on
 life, by comparing the bulk of a part in health, with
 the same part afterwards debilitated or dead.
 4th Tenuity of texture, which may be shown to be
 the consequence of vital action, by observing it in parts
 healthy, and in the same afterwards inflamed, and
 in the flesh of animals that are young, and of those
 that are old, belonging to the same species. 5th A
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in those tissues nourished by red blood, or which receive it during excitement. Taking these as our guides, in examining the several tissues of the healthy system, it will be found that vital action exists with much greater energy in some, than in others; and very nearly in the ratio of their susceptibility, and exposure to external stimulation, and of the importance of their functions. For instance, following the arrangement of Bichat, the mucous, nervous, dermoid, parenchymatous and centre of the vascular system, possess the greatest vitality, the muscular, cellular and serous, less, and the fibrous, osseous, pilous &c. systems the least degree of it. This enumeration, though perhaps not in the exact order of their vitality, is sufficiently so for our purpose, which is to show that those of the greatest vitality, are most frequently diseased, and that those of the least vitality, or which may, when compared with the others, be said to be in a debilitated state, are comparatively free from disease. It is not necessary to enumerate the most frequent

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diseases, and point out their location, as they are familiar to all. This circumstance of such universal notoriety, ought to have led to the suspicion, long since, that it is vital energy, rather than debility, which predisposes to disease.

Another argument not less favourable to the truth of our views, may be drawn from the state of vitality, and its predisposing influence to disease, in the different periods of age. The vital phenomena, the experience of practitioners, as well as the general impression of mankind, unite in demonstrations that infancy and youth, are the periods, not only of greatest vitality, but also most subject to frequent and acute maladies. In manhood, they both decline, and in extreme old age, which is a state closely allied to death, all most entirely disappear.

It was observed by Bichat, the most distinguished of anatomists, and physiologists, that the several tissues, and organs of the body were more liable to attack, during their most active development, which

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is known as it respects several of them, to take place at different periods of life. In infancy, when the development of the intestinal canal and brain is most active, diseases of these organs prevail. Almost every exciting cause generates disease in one or both of them. In middle age, when exertion calls for a more abundant supply of chyle, for the formation of which bile is essential, when the passions are called into most active play, and when perhaps other unknown agents act upon the liver increasing its vitality, this organ together with stomach and duodenum, becomes the seat of disease. And in old age, when the dermoid capillaries are languid, perspiration greatly diminished, and must be eliminated by its vicarious membranes, the pulmonary and urinary surfaces, which do not suffer from the above cause, these organs are most frequently diseased. It is not intended to convey the idea that these organs are more perfectly developed at this age, than they were in manhood. It is sufficient for our purpose, to know that their functional

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action, not decreasing in proportion with those of the other organs, remain when compared with them in a state of sur-excitement.

In support of our position, may also be adduced the pathological states of the several most important lifers, connected with their liability to disease, peculiar to summer and winter. The effects of cold prove beyond a doubt, that it is a direct sedative. When applied to the skin, as in winter, that organ shrinks under less perspiration, its sensibility is diminished, it becomes pale, &c. proving a positive debility to exist in its actions. According to the doctrine of debility, diseases of the skin ought to be more frequent in winter, than they are in summer. But universal experience denies this to be a fact. Judging from state of the skin, the quantity of food taken and the powers of digestion, as well as increased pulmonary transpiration and urinary secretion in winter, we must consider the internal immunities to be in a state of high excitement, and plethora to exist in the whole

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derious of the system, which is uninfluenced by
 cold. The most common experience testifies, that
 pulmonary and rheumatic complaints prevail more
 extensively, and are more acute in winter, than
 in summer. During the heat of summer, the skin,
 from the direct and continual operation of a stimu-
 lus, becomes excited, the internal organs from the in-
 crease of vascular capacity, as well as of perspira-
 tion, lose part of their excitement. Hence the disap-
 pearance of the above diseases, and the prevalence
 of fevers with intestinal disorders. The peculiarities
 of Northern and southern climates afford evidence
 of the same thing. Considering the opposing sur-
 faces of the peritoneum, and the gentle friction they
 undergo from the vermicular motion of the inter-
 stines, as a part of the natural stimulus of that
 membrane, during parturition, it must, from the in-
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would allow, and time and ability to prosecute the inquiry were afforded, there can be but little doubt, that the influences of all modifying agencies on the system, would furnish illustrations of the truth of our doctrine.

As before stated, the phenomena of diseases situated externally, at no period manifest debility, but from their commencement to their termination, except when they end in disorganization, exhibit increase of vital action. The exanthematous diseases, from the obscurity in which the causes that produce them, are enveloped, do not furnish a great deal in favour of, but certainly nothing against our position. An argument of some weight however, may be drawn from them, which is, that after having made their attack, they are aggravated by the addition of stimulation, unless that stimulation has been partial, and sufficient to revulse and cure the disease, from which we conclude that if with so much vigour of action the skin should

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ful an additional invitation not immediately applied to it, more powerfully than other organs comparatively debilitated, the doctrine of the predisposing influence of debility, must be erroneous with respect to the skin at least. And if so with respect to it, it follows that it must be so with regard to all others. In addition to the ordinary phenomena of life, is added in disease that of a partial loss of function. From this circumstance, perhaps, the doctrine of debility, has received illegitimate support, upon the supposition that vigour of vital action, was most efficient for the performance of function. This is strictly true as long as health is preserved, but as soon as this is lost, either by a diminution or aggravation of vital phenomena in one or more organs, there is a diminution of function. The whole apparatus of life, possesses the power of composition and decomposition, in common, and each has something peculiar to itself, by which it is enabled to perform its functions. In many tissues, there peculiar
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we merely physical properties, as the solidity of the osseous, which enables it to support and give permanent form to the body, the firmness and pliability of the fibres, the same with the smoothness and beauty of the dermoid, the polish of the osseous, the hollowiness and elasticity of the ^{normal} venous trunk, enable these to perform their functions. In others, they are, and perhaps ever will remain inexplicable, as the contractility of the muscles, the power of perceiving reasoning, and willing of the brain. All observation demonstrates this truth, that as the common property of composition and decomposition, is increased, functional ability is decreased. For instance, inflammation destroys the beauty, flexibility and firmness of the skin, thus partially disqualifying it for the discharge of its function. Inflammation softens the bones, roughens and thickens membranes, preventing motion and absorption partially, destroys the contractility of the muscles, as in rheumatism, and the power

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of reasoning, perceiving, and willing, of the brain, as in phrenitis. Therefore an argument, supporting the doctrine of debility, founded upon a loss of functions, must be without weight.

The pulse which is universally considered, and indeed often is an important indication of the pathological state of the system, at different times is supposed to point out the two states of strength and debility of vital actions. But is it to be regarded as an infallible guide? Physicians have long since known that, under certain states, the pulse will become stronger and fuller after venesection, and when we reflect on the moving power which causes the pulse, we must be convinced of its limited application. It is by the muscular contractions of the heart the blood is propelled, which contractions are caused by the stimulus of the blood upon its lining membrane. The pulsations of an artery can then be a diagnostic symptom, only of the state of the heart, or its lining membrane, or quantity or quality of the blood. The heart is one of the many organs of which

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the system is composed, and from its vitality is frequently subjected to secondary excitement, and according to the intensity of its irritation, whether primarily or secondarily produced, and quantity and quality of the blood, innumerable variations and conditions of the pulse will be manifested. The manifold and different symptoms, which develop themselves during an attack of disease, are to be attributed rather to the implication of more or fewer tissues in the disease, than to the two opposite states of vitality, which might be supposed necessary to account for them. Inflammation excited in one tissue, would present certain symptoms, in two, a train of symptoms, perhaps so different, as to offer an apparent diagnosis of quite an opposite state, as muscular debility and want of sensibility in gastric fevers, accompanied with cerebral irritation. And recounting the number, connexions, and functions of the many tissues, and the various orders in which they may be combined in disease, and the

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many degrees of inflammation, and its predominance in one or the other of the affected group, where, we may ask, could we expect the variety of symptoms to terminate. Dr Miller of London, who has lately published a series of dissections constituting a research into the nature of cerebral diseases, comes to the conclusion that hysteria, hydrocephalus, epilepsy and apoplexy are all nothing more than different modifications of the same diseased action, notwithstanding their very varied external symptoms, which led physiologists to infer as many different actions.

Papineau in review the many supposed different methods of medication, that of revulsion manifests itself the most plainly, and is the most extensively applicable in the explanation of its phenomena, and concerning which, there cannot at this day, exist the slightest doubt. That external revulsives produce their good effects, by the imitation or in other words, by the sur-excitement they induce in the part to which they are

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applied will not, I think be denied. It is eviden-
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 organ to the lowest safe point, is always followed by
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 it will be more likely to raise an excitement, above
 that of the internal or affected organ. Experience also
 exhibits an extension of this principle to every por-
 tion of the body, and demonstrates, that irritating
 diseases run in disease, not only from one portion of
 serousoid tissue to another, but from mucous to der-
 mid and vice-versa. On the same principle can be ex-
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 stamped in various diseases during Medication.
 Active purgation is often seen to reduce an infla-
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topical applications restore the ulcer again to its healthy condition, by an inverse action. Imitating diuretics & diaphoretics, invite gently and rheumatic invitation to the stomach, not by the debility, but the surinvitation of that organ, which they produce. This principle, then being established as correct, its application will be found general to phenomena depending upon excessive action. It may be generalizing too far, but I am inclined to believe that this principle will be found to afford a solution to most of the phenomena accompanying diseased action, as well as explain the manner in which local irritants effect their salutary purposes. We thus substitute one broad principle, for the many detached and contradictory theories of the causes of disease, and the modes of operation of remedial agents. An apparent objection to the universal and sole operation of this principle is offered by the fact, that beneficial effects in disease of the alimentary canal, result frequently from the administration of emetics and cathartics, thus seeming to prove that a change, or else increase of irritation produces a

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irritative action. But it becomes only an apparent, at least, not a positive objection, when we consider, that those means may operate beneficially and consistently with my position, in one of two ways, (viz) by causing an immediate discharge of irritating ingesta, or by diffusing upon the whole mucous coat of the stomach or intestines (as the case may be) an excitement or irritation, which, from an unknown cause, was circumscribed. Post-mortem examinations often display circumscribed inflammations of these viscera, and analogy, or comparison with external inflammations, would lead us to suspect them oftener so, than otherwise. These medicines then relieve by their operations upon the healthy, and not upon the diseased portion of these surfaces. This though an hypothetical explanation, and beyond the possibility of positive proof, is not more so than the one at present received, and is more satisfactory and consistent.

The most common of those phenomena which seem to support the doctrine of debility, have now been considered

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which it has been attempted to explain more satisfactorily and consistently. The most prominent also of those phenomena, and the arguments founded upon them, which support the doctrine of overexcitement, have been presented, and from them, may be deduced the following practical inferences.

1st That it is of the utmost importance in all diseases of difficult location, to ascertain the nature of the exciting cause, as well as previous habits both of body and mind, and accidents and constitution of the patient, in order to arrive at a correct diagnosis.

2^d That so far from withholding active depletory remedies, in debilitated states of the system, which have been suddenly induced, and without copious evacuation of its fluids, from an apprehension of aggravating debility, they are the only means by which we can afford much relief. When properly directed their operation is followed by renewed general vigour of the system. But when improperly administered, or in other words when applied to the wrong organ

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increase of debility may result, not as a consequence of a law, that excitement is followed by depression, nor so much from the evacuations of phlogiston, as from an aggravation of the original phlogiston. This is exemplified by the practice of giving active purgatives in fevers dependant upon Gastro-enteritis.

3^d That all active medication, which does not relieve, must aggravate the existing disease, for upon the existing point of irritation, will be thrown all that may afterwards be added, except a revulsion is accomplished either partially or completely.

4th That diffusible stimulents generally aggravate partial excitement, and are only admissible, when universal debility threatens the life of the patient.

Inauguration

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